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FAX

TO: Commissioner for Patents, Mail Stop:	FROM: C. Douglass Thomas Ph: 650-903-9200, Fax: 650-903-9800
COMPANY: United States Patent Office	DATE: 3/28/2006
FAX NUMBER: 571-273-8300	NO. OF PAGES (INCLUDING COVER): 17
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: WVANP012
RE:	RECIPIENT'S REFERENCE NUMBER: 09/813,235

NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Amendment E Transmittal	1 page
Amendment E	11 pages
Information Disclosure Statement	2 pages
Form 1449	1 page
Form PTO 2038-Credit Card Payment Form	1 page

Thank you.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: WOODWARD et al.

Attorney Docket No.: WVANP012

Application No.: 09/813,235

Examiner: JASMIN, Lynda C.

Filed: March 19, 2001

Group: 3627

Title: TECHNIQUE FOR HANDLING SALES OF
REGULATED ITEMS IMPLEMENTED OVER A
DATA NETWORK

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 28, 2006.

Signed: Patricia Tate

Printed Name: Patricia Tate

AMENDMENT E TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

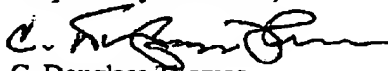
Sir:

Transmitted herewith is an Amendment in the above-identified application. The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	38	MINUS	77	00	x 25 =	x 50 =
Independent Claims	4	MINUS	7	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$00.00	\$

- ☐ Applicant(s) hereby petition for a _____ - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is a Credit Card Payment Form for the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☐ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. RLC1G000).

Respectfully submitted,


C. Douglass Thomas
Reg. No. 32,947